

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Lone Star Leadership PAC

ADDRESS (number and street) ▼

PO Box 30844

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20824-0844

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00415208

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Springer

Signature of Treasurer

Richard Springer

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 18 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Lone Star Leadership PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		101096.21
(b) Cash on Hand at Beginning of Reporting Period.....	112679.97	
(c) Total Receipts (from Line 19)	35000	64500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	147679.97	165596.21
7. Total Disbursements (from Line 31)	9677.53	27593.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	138002.44	138002.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Lone Star Leadership PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
03	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2000

7000

(ii) Unitemized

0

-2000

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2000

5000

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

33000

59500

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

35000

64500

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

35000

64500

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

35000

64500

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	3177.53	13093.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3177.53	13093.77
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500	14500
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9677.53	27593.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9677.53	27593.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35000	64500
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35000	64500
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3177.53	13093.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3177.53	13093.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Michael Park

Mailing Address 2040 Hunter Mill Road

City State Zip Code
 Vienna VA 22181-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alston & Bird

Occupation

Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

M M / D D / Y Y Y Y Y
 03 14 2014

Transaction ID : 297-553-c

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

B. Mark H. Rayder

Mailing Address 9106 Chickawane Court

City State Zip Code
 Alexandria VA 22309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

M M / D D / Y Y Y Y Y
 03 24 2014

Transaction ID : 795-807-c

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Gen-Probe PAC

Mailing Address 10210 Genetic Center Drive

City State Zip Code
San Diego CA 92121-4362

FEC ID number of contributing
federal political committee.

C C00405100

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

03 / 07 / 2014

Transaction ID : 693-550-c

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

B. American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Mailing Address 25 Massachusetts Avenue NW
Suite 550

City State Zip Code
Washington DC 20001-1408

FEC ID number of contributing
federal political committee.

C C00173153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

03 / 10 / 2014

Transaction ID : 410-552-c

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

C. American Hospital Association PAC

Mailing Address 325 7th Street NW

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

03 / 10 / 2014

Transaction ID : 449-551-c

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. American College of Surgeons Professional Association PAC (ACSPA Surgeons PAC)

Mailing Address 20 F Street NW
Suite 1000

City Washington State DC Zip Code 20001-6701

FEC ID number of contributing
federal political committee.

C C00382424

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : 437-554-c

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. BluePAC - Blue Cross & Blue Shield Association PAC

Mailing Address 1310 G Street NW
12th Floor

City Washington State DC Zip Code 20005-3007

FEC ID number of contributing
federal political committee.

C C00194746

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : 505-557-c

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

C. ENT PAC American Academy of Otolaryngology Head & Neck Surgery, Inc.

Mailing Address 1650 Diagonal Road

City Alexandria State VA Zip Code 22314-2857

FEC ID number of contributing
federal political committee.

C C00306449

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : 464-556-c

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 13
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. American Academy of Ophthalmology, Inc. PAC (OphthPAC)

Mailing Address 655 Beach Street

City State Zip Code
 San Francisco CA 94109-1342

FEC ID number of contributing
federal political committee.

C C00196246

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : 455-808-c

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

B. American College of Cardiology PAC

Mailing Address 2400 N Street NW

City State Zip Code
 Washington DC 20037-1153

FEC ID number of contributing
federal political committee.

C C00375360

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : 443-806-c

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

C. American Congress of Ob-Gyns Political Action Committee (Ob-Gyn PAC)

Mailing Address 409 12th Street SW

City State Zip Code
 Washington DC 20024-2125

FEC ID number of contributing
federal political committee.

C C00364158

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : 406-805-c

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Aetna, Inc. PAC

Mailing Address 20 F Street NW
Suite 350

City Washington State DC Zip Code 20001

FEC ID number of contributing
federal political committee.

C C00181826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 462-809-c

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. BluePAC - Blue Cross & Blue Shield Association PAC

Mailing Address 1310 G Street NW
12th Floor

City Washington State DC Zip Code 20005-3007

FEC ID number of contributing
federal political committee.

C C00194746

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : 505-810-c

Amount of Each Receipt this Period

1500

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

33000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Lone Star Leadership PAC

A. Bogart Associates, Inc.

Mailing Address 1200 Trinity Drive

City	State	Zip Code
Alexandria	VA	22314-4724

Purpose of Disbursement	SEE MEMO ITEMS
-------------------------	----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B-414-542-e

Amount of Each Disbursement this Period

Percentage of students who did not pass the exam

28.53

Full Name (Last, First, Middle Initial)

B. Campaign Financial Services

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement
SEE MEMO ITEMS

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B-401-546-e

Amount of Each Disbursement this Period

635

Full Name (Last, First, Middle Initial)

C. Campaign Financial Services

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement	PAC Compliance Consulting
-------------------------	---------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
03 14 2014

Transaction ID : SB21B-401-103-V

Amount of Each Disbursement this Period

[MEMO ITEM]
Subitemization of Campaign Financial Services (03/14/14)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

663.53

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Lone Star Leadership PAC

Subitemization of Campaign Financial Services (03/14/14)

3163.53

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Lone Star Leadership PAC

Full Name (Last, First, Middle Initial)

A. Hall for Congress Committee

Mailing Address PO Box 711

City	State	Zip Code
Rockwall	TX	75087-0711

Purpose of Disbursement
PAC Political Contribution

Candidate Name

Ralph M. HallOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 04

Runoff 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : SB23-517-541-e

Amount of Each Disbursement this Period

3000

Full Name (Last, First, Middle Initial)

B. Hall for Congress Committee

Mailing Address PO Box 711

City	State	Zip Code
Rockwall	TX	75087-0711

Purpose of Disbursement
PAC Political Contribution

Candidate Name

Ralph M. HallOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 04

Runoff 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

Transaction ID : SB23-517-545-e

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

C. Comstock for Congress

Mailing Address PO Box 71596

City	State	Zip Code
Richmond	VA	23255-1596

Purpose of Disbursement
PAC Political Contribution

Candidate Name

Barbara ComstockOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2014

Transaction ID : SB23-682-555-e

Amount of Each Disbursement this Period

1500

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

6500.00
